Introducing ADHS/DBHS New Medical Director

Dr. Jerry Dennis was born and raised in Auburn, Indiana. He attended Indiana University where he attained a B.A. in Biological Sciences in 1974, an M.D. degree in 1978, and completed a Residency in Psychiatry in 1982. Dr. Dennis is Board Certified in Psychiatry, Administrative Psychiatry, Forensic Medicine, and in Disability Analysis. In December 1998, Dr. Dennis came to Arizona to assume the role of the Chief Medical Officer for the Arizona State Hospital. Since January 2002, he has been in the dual role of Chief Medical Officer at the Hospital and the acting Medical Director for the Division of Behavioral Health Services. He has published several articles and received the National Alliance for the Mentally Ill "Exemplary Psychiatrist Award" for 2000. In 2001, he received the Arizona Medical Association "Walk the Talk Award" for his stand on upholding medical ethics involving his role in restoring competency of mentally ill and incompetent death row inmates, for the purpose of execution. Welcome aboard to the Division of Behavioral Health Services!

Don't Let Alcohol Put A Chill On Your Summer

- ❖ The DBHS validation study Contract Year End '99 found inconsistency between the medical record documentation and an encounter in respect to alcohol diagnoses.
- ❖ Coding the encounter incorrectly will count as an error. These errors can result in a sanction.
- ❖ Diagnosis code 303 (Alcohol dependence syndrome) requires a 4th and 5th digit.

303.0	Acute Alcoholic Intoxication
0	Unsp
1	Continuous
2	Episodic
3	In remission

303.9	Other/Unspecified Alcohol Dependence
0	Unspecified
1	Continuous
2	Episodic
3	In remission

- ❖ Diagnosis code 305.0 (Alcohol abuse) requires the 5th digit.

305.0	Alcohol Abuse
0	Unspecified
1	Continuous
2	Episodic
3	In Remission

Tips for coding accuracy:
1. Use both the Alphabetic Index and the Tabular list from ICD-9 CM 2002 when locating and assigning a code.
2. Follow any cross-reference instruction. These instructional terms must be followed in order to locate the correct code.
3. Avoid codes that are unspecified. Be as specific as possible when describing the patient's condition, illness or disease.
4. Use valid DBHS diagnosis codes.

REMEMBER: If you have a doubt about the correct diagnosis code to use, always return to the provider who saw the patient for the right code! All diagnoses used must be in the patient's medical record.

Top Monthly Edits- DBHS Pends

These edits continue to represent the majority of the pended encounter problems.

Z720 Exact Duplicate Found
Encounters pending because at least one claim was found in the system that matches the pending claim. These claims need to be researched by the RBHAs to determine the cause for the exact duplicate. Multiple units of a service for the same client on the same day should be combined. For example: If a client is seen for peer support twice in one day, W4048 should be billed on one claim with two units instead of two claims for one unit.

R295 Medicare Reported But Not Indicated
Encounters pending because Medicare has been reported ("$amount" or "0") but the recipient does not have Medicare. An amount should only be entered if a recipient is Medicare eligible. This information can be found in the TPL file.

R600 Medicare Coverage Indicated But Not Billed
Encounters pending because the TPL file indicates that the recipient has Medicare coverage, but the claim has been submitted with the Medicare fields blank. If the TPL file indicates that a recipient has Medicare, claims for that recipient must be submitted with a dollar amount. If the service is not a Medicare covered service, zero must be entered in the Medicare fields.

DBHS IT Meeting Update
The following items were discussed at the June 13, 2002, IT meeting. The Office of Program Support Service is currently testing the following edits and anticipates moving them to the production environment within the next 90 days. The edits currently in the testing phase were effective April 4, 2001 and the planned completion date for these edits is July 5, 2002.

Edits Currently Testing
Error Code N105 (Form Type B) The interim bill must have patient status 30 and no discharge hour.
Error Code N114 (Form Type B) The discharge hour is required on the inpatient final bill.
Error Code N115 (Form Type B) A bed hold day is not allowed on the day of admission or discharge.

Edits Promoted
Error Code N86 (Form Type B) The revenue code is missing or invalid. This is cause by revenue codes 240 and 249. The actual implementation date for this error code is May 20, 2002. The effective date is date of service February 1, 2002.
Error Code N184 (Form Type A & B) Diagnosis code 799.9 is valid for COS 14, 31 and S-codes. The actual implementation date for this error code is June 6, 2002. The effective date is date of service February 1, 2002.

(Error code N86 & N184 were promoted by ITS and are now in production)

SSR Project List
SSRs that are in the discussion phase will be submitted to ITS for further review.
1. Allow UB-92 Outpatient billing.
2. Reporting of Medicare Part A & B.

If you need help understanding any of these edit issues, please contact your RBHA Encounter Representative:
- ValueOptions, NARBHA and CPSA – Kevin Gibson
- PGBHA, EXCEL Group – Javier Higuera

Next scheduled meeting is July 11th, 1-3pm at DBHS in the Fir or Teleconference Room.

Deletions vs. Voids
What can be deleted?
- An encounter that is pended in the AHCCCS system. An encounter cannot be deleted in order to avoid sanctioning for failure to correct pended encounters within the 120 day.

What can be voided?
- An encounter that is approved in the AHCCCS system
- An encounter that is in the CIS system but has never been sent to AHCCCS.
- An encounter that was pended in the AHCCCS system and then deleted from the AHCCCS system.

How do we delete an encounter?
- A file is submitted monthly by the RBHAs to ADHS/DBHS containing a list of the AHCCCS pended encounters to be deleted. Contact Stacy Mobbs for file format information at (602) 553-9028.

How do we void an encounter?
- Encounters are submitted through the normal encounter submission process; setting the adjustment flag to "V" and "0" out the units, allowed amount, paid amount and special net value fields.

How do we resubmit a deletion?
- When an encounter is deleted at AHCCCS it still exists in the AHCCCS system with a voluntary deletion status and it becomes a subvention encounter in CIS.
  - An adjustment may be made to this subvention encounter but it will not be resent to AHCCCS.
- To resubmit a deleted encounter to AHCCCS:
  - The adjudication file must be received by the RBHA acknowledging the AHCCCS deletion.
  - The encounter must be voided in the CIS system.
  - The encounter must be submitted to CIS as a new encounter.

How do we resubmit a void?
- The service must be submitted to CIS as a new encounter.

Security AHCCCS To The PMMIS Screens
All security requests from the RBHAs/TRBHAs are to be submitted to the Office of Program Support Service. RBHAs/TRBHAs requesting logins to access AHCCCS/PMMIS can contact the Office of Program Support Service at (602) 381-8991 Fax: (602) 542-1085.

There are two forms to fill out when requesting a login: User Access Request Form and User Affirmation Statement. After the employee completes the forms, they can be faxed to Program Support Service. After DBHS/OPSS receives the signed forms back from the RBHA or TRBHA, they are sent to AHCCCS for an OPID, group number and user id. DBHS/OPSS will fax copies of these forms back to the RBHA or TRBHA. AHCCCS will not accept a request that has not been signed off by DBHS/OPSS.

Assessment Change Implementation 7/01/02

Just a reminder that changes on the assessment file (diagnosis is mandatory and must be valid) became effective with our batch run June 3rd. In answer to some RBHAs questions 799.9 and V71.09 are not considered valid diagnosis for the assessment.

Title XIX/XXI Encounters Will Be Directed To AHCCCS PMMIS System

DBHS/OPSS will no longer internally pend encounters. Effective with the July 1st processing cycle, ADHS/DBHS will lift its PCO2 (Invalid diagnosis code for encounter), PC19 (Provider not enrolled with AHCCCS at time of service, PC21 (Provider not eligible for category of service) edits, allowing encounters that would have previously pended internally in the ADHS/DBHS system to be sent to AHCCCS. The encounter will then be subject to AHCCCS edits and pended encounters will be corrected the same manner as other AHCCCS pended encounters.

New Reporting Requirements Coming 08/01/02

There will be a change effective August 1, 2002, in reporting requirements for Prevention and HIV services. ADHS/DBHS will be following up with a letter to each RBHA with details.

Corrections From Previous Issues

In SSR currently in testing – diagnosis code 799.9 Categories of service to be used are 14 & 31.